

Call (262) 544-8280 or
1-800-422-5220
INDEPENDENT
INSPECTIONS, LTD.

WI UNIFORM PERMIT APPLICATION

PERMIT NO.

TAXKEY#

ISSUING MUNICIPALITY

☐ TOWN ☐ VILLAGE ☐ CITY
OF _____
COUNTY: _____

PROJECT LOCATION
(Building Address)

PROJECT DESCRIPTION

☐ COMMERCIAL ☐ ONE & TWO FAMILY

Owner's Name _____ Mailing Address - Include City & Zip _____ Telephone - Include Area Code _____

Construction Contractor (DC Lic No.) _____ Mailing Address - Include City & Zip _____ Telephone - Include Area Code _____

Dwelling Contractor Qualifier (DCQ Lic No.) _____ Dwelling Contractor Qualifier shall be an owner, CEO, COB, or employee of Dwelling Contractor _____ Telephone - Include Area Code _____

Plumbing Contractor (Lic No.) _____ Mailing Address - Include City & Zip _____ Telephone - Include Area Code _____

Electrical Contractor (Lic No.) _____ Mailing Address - Include City & Zip _____ Telephone - Include Area Code _____

HVAC Contractor (Lic No.) _____ Mailing Address - Include City & Zip _____ Telephone - Include Area Code _____

PROJECT INFORMATION

Subdivision Name

Lot No.

Block No.

Zoning District	Lot Area Sq. Ft.	N.S.E.W. Setbacks	Front Ft.	Rear Ft.	Left Ft.	Right Ft.
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1a. PROJECT

☐ New ☐ Addition ☐ Raze
☐ Alteration ☐ Repair ☐ Move
☐ Other _____

3. TYPE

☐ Single Family
☐ Two Family
☐ Multi
☐ Commercial

6. ELECTRICAL

Entrance Panel
Size: _____ amp
Service:
☐ Underground
☐ Overhead

9. HVAC EQUIPMENT

☐ Forced Air Furnace
☐ Radiant Baseboard or Panel
☐ Heat Pump
☐ Boiler
☐ Central Air Conditioning
☐ Other _____

12. ENERGY SOURCE

Fuel	Nat. Gas	L.P.	Oil	Elec. *	Solid	Solar
Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* ☐ Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity.

1b. GARAGE

☐ Attached ☐ Detached

4. CONST. TYPE

☐ Site Constructed
☐ Mfd. UDC
☐ Mfd. HUD

7. FOUNDATION

☐ Concrete
☐ Masonry
☐ Treated Wood
☐ ICF
☐ Other _____

10. PLUMBING

Sewer
☐ Municipal
☐ Septic No. _____

2. AREA

Basement _____ Sq. Ft.
Living Area _____ Sq. Ft.
Garage _____ Sq. Ft.
Other _____ Sq. Ft.
TOTAL _____

5. STORIES

☐ 1-Story
☐ 2-Story
☐ Other _____

8. USE

☐ Seasonal
☐ Permanent
☐ Other _____

11. WATER

☐ Municipal Utility
☐ Private On-Site Well

13. HEAT LOSS (Calculated)

Total _____ BTU//HR

14. ESTIMATED COST

\$ _____

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit created no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate. **Have Permit/Application number and address when requesting inspections. Call (262) 544-8280 or 1-800-422-5220. Give at least 24 hours notice on all inspections.**

SIGNATURE OF APPLICANT _____ **DATE** _____

APPROVAL CONDITIONS

This permit is issued pursuant to the attached conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Owner/Builder solely responsible for compliance with all applicable State & Local Building and Zoning codes.

INSPECTIONS NEEDED Building ☐ Footing ☐ Foundation ☐ Rough ☐ Insulation ☐ Bsmt. Fl. ☐ Final
Electric ☐ Rough ☐ Service ☐ Final **Plumbing** ☐ Rough ☐ Underfloor ☐ Final **HVAC** ☐ Rough ☐ Final

FEES:

PERMIT(S) ISSUED

SEAL NO. _____

Municipality No. _____

Building Fee _____
Zoning Fee _____
WI Seal _____
Electric Fee _____
Plumbing Fee _____
HVAC Fee _____
Adm. Fee _____
Other _____
Total _____

Bldg. # At top of form
Zoning # _____
Elec. # _____
Plmb. # _____
HVAC # _____

RECEIPT

CK # _____
Amount \$ _____
Date _____
From _____
Rec By. _____

PERMIT EXPIRATION:

Permit expires two years from date issued unless municipal ordinance is more restrictive.

PERMIT ISSUED BY MUNICIPAL AGENT:

Name _____
Date _____
Certification No. _____